

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 17 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11898</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Irving</u> <u>0</u> <u>Stevens</u> P.O. Box, Bldg., Room No., if any _____ Street <u>5325 Sumter Run</u> City <u>Charleston</u> State <u>South Carolina</u> ZIP Code + 4 <u>29418</u>	4. Name, file number, and address of labor organization. Name <u>ILA Local 1422-A</u> Labor Organization File Number <u>509406</u> P.O. Box, Building and Room Number, if any _____ Street <u>727 King Street</u> City <u>Charelston</u> State <u>South Carolina</u> ZIP Code + 4 <u>29403</u>
5. Position in labor organization. <u>Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature]

On 8-11-05
Date

(843) 722-1510
Telephone Number

Name of Person Filing	Irving O. Stevens	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Investment Performance Services</u></p> <p>Trade Name, if any: <u>N/A</u></p> <p>P.O. Box, Bldg., Room No., if any <u>PO Box 15009</u></p> <p>Street <u>7402 Hodgson Memorial Dr., Ste 100</u></p> <p>City <u>Savannah</u></p> <p>State <u>Georgia</u> ZIP Code + 4 <u>31401</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Waterfront Employers - ILA Pension Fund</u></p> <p>Trade Name, if any: <u>N/A</u></p> <p>P.O. Box, Bldg., Room No., if any <u>PO Box 21889</u></p> <p>Street <u>899 Morrison Drive</u></p> <p>City <u>Charleston</u></p> <p>State <u>South Carolina</u> ZIP Code + 4 <u>29413-1889</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Fund's Investment Advisor</u></p> <p><u>Performs monitoring and investment services for the Pension Fund.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$15,000.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>EPIC 2004 Conference</u></p> <p><u>Expense reimbursements for travel and other related expenses (i.e. conference registration, hotel, meals, etc.)</u></p> <p>12.b. Amount. <u>\$1,771.21</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>